

FOUR YEAR OLD AT RISK PROGRAM APPLICATION

Child Information			
Name _____	Sex _____	Date of Birth _____	
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____			

Parent Information			
	Mother		Father
Name	_____	_____	_____
Date of Birth	_____	_____	_____
Address	_____	_____	_____
Phone Number (home and work)	_____	_____	_____
Marital Status (circle one)	Married Divorced Single		Married Divorced Single
Highest Level of Education Completed (circle one)	Grade 8 9 10 11 12 GED HS Diploma College		Grade 8 9 10 11 12 GED HS Diploma College

General Information	
Names and ages of siblings in the household: _____	

Does your child qualify for the free lunch program? <i>(must have completed application for State At Risk Funding or Child Nutrition Benefits)</i>	Please Circle One	
	YES NO	
Are you currently working with SRS? If so, do you have an assigned case worker? <i>(reason for referral must be documented and signed by the SRS agent)</i>	YES NO	
Is the primary language spoken in the home a language other than English? <i>(as documented by the State provided oral assessment or other standardized test) (attach documentation of home survey, assessment, and services)</i>	YES NO	
Is the child's family migrant? <i>(A copy of the Certificate of Eligibility must be on file.)</i>	YES NO	
Is your child receiving any special services, (i.e. speech therapy, learning disabilities, mentally handicapped, other) Do they have an IEP (Individual Education Plan)?	YES NO	
Is the child developmentally or academically delayed based on assessments? <i>(Assessment must be in the child's file)</i>	YES NO	
Were either parent under the age of 20 years when the child was born? <i>(verify by including birthdate above)</i>	YES NO	

Parent/Guardian Signature _____ Date: _____